



CITY OF LYNNWOOD
UTILITY TAX RETURN

State License Number (UBI): _____

Reporting Period: _____

Type of Utility Tax: _____

Taxpayer Name and Address:

Remit Payment to:

City of Lynnwood
Attn: Treasury
19100 44th Ave W
Lynnwood, WA 98036

Table with 5 rows: 1. Gross Revenue, 2. Deductions, 3. Taxable Revenue (Line 1 - Line 2), 4. Tax Rate (6% (.06)), 5. Tax Due @ 6% (Line 3 x .06)

TAXPAYER'S VERIFICATION OF TAX RETURN AND PAYMENT

I, under penalty of perjury, do solemnly swear or affirm: That I am the Tax Specialist with the taxpayer, and that I have knowledge of the contents of this return;

- 1) That I have familiarized myself with applicable tax laws and regulations of CITY OF LYNNWOOD;
2) That I am qualified and authorized to complete and submit this tax return by the taxpayer and sign this verification;
3) That the statements in the return are true and accurate and the tax paid is the full amount due to the CITY OF LYNNWOOD;
4) That the City accepts taxpayer's payment without waiver of any rights to assert further taxes, penalties, interest and any other sums, costs, or charges lawfully owed it by the taxpayer.

Form with fields: Date Signed, Signature, Print Name, Phone Number, Title, Email Address

Utility Taxes are due on or before the 15th day of the month following the end of each quarter:
1st Quarter: April 15th, 2nd Quarter: July 15th, 3rd Quarter: October 15th, 4th Quarter: January 15th

Please remit payment accompanied by this form showing the payment calculation.